



# COUNTY of SUSSEX

## DEMOLITION PERMIT APPLICATION

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Owner of Real Property: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Tax District: \_\_\_\_\_ Tax Identification Number: \_\_\_\_\_

Type: \_\_\_\_\_ Use: \_\_\_\_\_ Method of Demolition: \_\_\_\_\_

Description of Structure: \_\_\_\_\_

Is An Asbestos Inspection Required? \_\_\_\_\_

WATER SERVICE \_\_\_\_\_  
Utilities Division Signature

ELECTRIC SERVICE \_\_\_\_\_  
Electric Company Signature

GAS SERVICE \_\_\_\_\_  
Gas Company Signature

UNDERGROUND STORAGE TANKS \_\_\_\_\_  
Gas Company Signature

SEWER OUTLET will be capped by \_\_\_\_\_

TELEPHONE SERVICE \_\_\_\_\_  
Telephone Company Signature

\_\_\_\_\_  
Signature of Owner or Agent / Date